IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 30, 2006

Linda Crawford, Administrator
The Cottages of Payette
1481 7th Ave North
Payette, ID 83661

License #: RC-712

Dear Ms. Crawford:

On August 31, 2006, a state licensure survey was conducted at The Cottages of Payette. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact John Wingate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JOHN WINGATE, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

JW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

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September 1, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 1244

Linda Crawford, Administrator
Cottages Of Payette, The
1481 7th Ave North
Payette, ID 83661

FILE COPY

Dear Ms. Crawford:

Based on the state licensure survey conducted by our staff at Cottages Of Payette, The on **August 31, 2006,** we have determined that the facility failed to protect residents from inadequate care by failing to implement the negotiated service agreement by not assisting with medications as ordered by the physician for 1 of 4 sampled residents.

This core issue deficiency substantially limits the capacity of Cottages Of Payette, The to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **October 15, 2006. We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **September 14, 2006,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**September 14, 2006**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **September 14, 2006,** your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **September 30, 2006**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Cottages Of Payette, The.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Lynne Denne, Program Manager, Regional Medicaid Services, Region III - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R712	A. BUILDING _____ B. WING _____	08/31/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PAYETTE, THE	1481 7TH AVE NORTH PAYETTE, ID 83661

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiency was cited during the standard survey conducted at your residential care/assisted living facility on August 31, 2006. The surveyors conducting your survey were: John Wingate, RN Team Leader Health Facility Surveyor Polly Watt-Geier, LMSW Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor Survey Definitions: UAI = Uniform Assessment Instrument NSA = Negotiated Service Agreement MAR = Medication Administration Record mg = milligrams	R 000	See attached. RECEIVED SEP 26 2006 BUREAU OF FACILITY STANDARDS	
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to implement the Negotiated Service Agreement by not assisting with medications as ordered by the physician for 1 of 4 sampled residents (#3). The findings include: Review of Resident #3's record on 8/30/06 revealed the resident was admitted on 7/19/06	R 008		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Linda A Crawford 9/26/06

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R712	A. BUILDING _____ B. WING _____	08/31/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PAYETTE, THE	1481 7TH AVE NORTH PAYETTE, ID 83661

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 1 with diagnoses which included dementia, glaucoma, and osteoporosis. Further review of the resident's record revealed a UAI dated 7/31/06 which documented the resident required extensive assistance with medications. Further review of the resident's record revealed an NSA 8/2/06 which documented the resident needed total assistance with medications due to the resident's dementia. The record also contained a physician's order dated 7/27/06 indicating the resident was to receive calcium carbonate 500 mg by mouth three times a day and haldol 0.5 mg twice a day as needed for agitation or confusion. The resident's MAR's for July and August 2006 were reviewed and they contained no documented evidence of the orders for calcium carbonate or haldol. Additionally, the MAR's contained no documented evidence the resident had received either of the medications. On 8/31/06 at 11:00 a.m., the administrator confirmed she had not noted the orders or written them on the MAR. On 8/31/06 at 11:05 a.m., the facility's RN confirmed the order for calcium carbonate and haldol orders had been missed, and the resident had not received the medications. Resident #3 did not receive calcium carbonate or haldol as prescribed by his physician. The facility failed to implement assistance with medications as outlined in the NSA. This failure resulted in inadequate care.	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R712	A. BUILDING _____ B. WING _____	08/31/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PAYETTE, THE	1481 7TH AVE NORTH PAYETTE, ID 83661

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

The Cottages of Payette
1481 7th Ave N
Payette, ID 83661
208-642-6199/ fax 208-642-4827

September 12, 2006

Idaho Dept of Health and Welfare

Corrective Action plan for survey done 8/31/06

R008
Core issue 16.03.22.520 Protect residents from Inadequate Care.

In Response: Resident 3, had been given a calcium supplement, but not the correct dosage with the order dated 7/27/06. She had received 200 mg TID, instead of the 500 mg; TID the Dr. had changed the order to.

Pharmacy was contacted immediately and correct dosage of calcium supplement was delivered and started the evening of Aug 31, 2006 for Carol Waterman.

To ensure that a medication error does not occur again, a new tracking stamp has been ordered and is currently being used to ensure all medications for all residents at the Cottages of Payette are correct.

The stamp looks like this:

Red Ink

Nurse notified condition change /new order
Date _____ time _____ initials _____
Comments:

Medication delegation obtained _____
Pharmacy faxed _____
Medication received _____
Entered on MARS _____ Signature _____

The Administrator or designee is responsible to see that all medication orders are properly obtained from the pharmacy, delegated by the nurse and entered onto the MARS. The nurse will check the MARS against medication orders on a routine basis. By using the stamp, all the necessary steps are covered to provide adequate care for our residents to ensure that the resident gets the right medications per Doctor orders.

Please feel free to contact me about this matter if you have any further questions.

Sincerely,

Linda Crawford

Linda Crawford
Administrator

The Cottages of Payette
1481 7th Ave N
Payette, ID 83661
208-642-6199/ fax 208-642-4827

September 12, 2006

Idaho Dept of Health and Welfare
Bureau of Facility Standards

Response to Non- Core Issues

Item 1
16.03.22.350.02 – A new incident/accident form has been implemented with an Administrator's review – see attachment 1.

Item #2
16.03.22.630.01 Documentation on specialized training in the area of dementia.
Training tapes were obtained from ALFA
" The Alzheimer's Series" An introduction to Alzheimer's disease
and Communicating with Residents who have Alzheimer's
All staff members are required to watch them upon orientation and current staff will view them by Oct 6, 2006. Brochures from Alzheimer's association have been obtained in areas on dealing with ADL's, activities, behavior management, redirection and other pertinent topics related to Alzheimer's and Dementia. This training was implemented September 8, 2006

Item #3
16.03.22.640. No evidence of 8 hours of job related continuing training
A new tracking form has been implemented to document staff training. A training manual with the training modules from the Dep't of Health and Welfare website has been implemented as part of our training regimen.

Item #4
16.03.22.600.06 No documentation of First aid certification for staff member.
Staff member is scheduled for 1st aid training on 9/28/06 at Fruitland through the BSU Continuing Education system. Administrator will conduct closer scrutiny of all new hires to ensure proper certification before working alone.

Please feel free to contact me about this matter if you have any further questions.

Sincerely,
Linda Crawford
Linda Crawford
Administrator

Attachment 1

The Cottages of Payette
INCIDENT / ACCIDENT REPORT

Date of Report_____ Time/Date of Incident_____/_____
Resident Name_____ Room_____
Family / Guardian Name___ _____
MD Notified? Y____ N_____ Phone_____ Fax _____ Date/Time _____
Family/Guardian Notified? Y____ N_____ Phone_____ Fax_____ Date/Time_____
Where did the incident take place?_____
Was it witnessed?_____ by whom? _____
If not witnessed, was resident able to describe what happened? ____ YES ___NO
What happened? _____
_____
_____
(Use back of form if needed)
Describe what measures were taken (1st aide, MD visit etc)
_____

Was the resident removed from the site of the incident for medical treatment?
Y_____ N_____ If "yes" where, what time and who was the attending MD?
_____

Signature_____
Position_____
Date_____

REPORTABLE INJURIES (Give the completed report to your administrator or designee)
Injury of unknown origin – not witnessed, resident unable to tell you what happened)
Severe bruising of head, neck, trunk, any fingerprint bruising anywhere on the body
Resident unable to explain injury
Severe lacerations
Sprains
Fracture of bones
Elopement
Resident to resident interactions
Resident needed to go to the hospital ER
Death

Administrator Review of Incident

Possible contributing factors:
new medication (s) _____ yes _____ no
Possible side effects of any medications _____ yes _____no
if so, which ones _____
Doctor notified of side effects/incident ___ yes ____ no date _____
Medication missed/refused _____
Possible pain/incontinence/constipation
Any other factors that might contribute _____yes _____no
other _____
environmental factors to noisy to light to much commotion
Corrective action plan if any:
_____
_____
_____

Signed _____ date _____
Administrator

RECEIVED
SEP 26 2006
BUREAU OF FACILITY STANDARDS

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

Facility Name	Physical Address
Cottages of Payette	1481 7th Ave. North
Administrator	**City**
Linda Crawford	Payette
Survey Team Leader	**Survey Type**
H- John Wingate RN	Standard Survey

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION
1	16.03.22.350.02	The administrator or designee did follow up with an investigation and report of findings for each accident incident.
2	16.03.22.630.01	There was no documented evidence training in the area of dementia.
3	16.03.22.640.	There was no documented evidence of job related continuing training.
4	16.03.22.600.06.b	One of 3 staff interviewed who worked alone have first aid training/certificati

Response Required Date	Signature of Facility Representative
10/1/06	Linda S Crawford

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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Cottages of Payette	1481 7th Ave. North	(208) 642-0177
Administrator	**City**	**ZIP Code**
Linda Crawford	Payette	83661
Survey Team Leader	**Survey Type**	**Survey Date**
LT - John Wingate RN	Standard Survey	8/31/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.350.02	The administrator or designee did not follow up with an investigation & written report of findings for each accident or incident.	10-10-06
2	16.03.22.630.01	There was no documented evidence of specialized training in the area of dementia.	10-10-06
3	16.03.22.640.	There was no documented evidence of 8 hours of job related continuing training.	10-10-06
4	16.03.22.600.06.b	One of 3 staff interviewed who worked alone did not have first aid training/certification.	10-10-06

Response Required Date	Signature of Facility Representative
10/1/06	Linda S Crawford